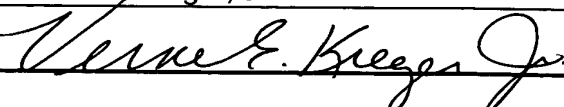


Please type a plus sign (+) inside this box +

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. END 780 NP	
		First Inventor: Chester O. Baxter III et al. Title: Finger Tip Electrosurgical Medical Device	
		I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Commissioner for Patents, MS Patent Application, PO Box 1450, Alexandria, VA 22313	
		Name: <u>Linda F. Hansen</u> Date: September <u>20</u> 22389 U.S. P.O. 10/659418 09/10/03	
(only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No. EU 472 450 685 US	
APPLICATION ELEMENTS <i>See MPEP Chapter 600 concerning utility patent application contents.</i>		ADDRESSED TO: Commissioner For Patents MS Patent Application PO Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 27] (Preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 14]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 5]</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)</p> <p style="margin-left: 20px;">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Specification Sequence Listing on:</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p style="margin-left: 40px;">ii. <input type="checkbox"/> Paper</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p style="text-align: center;">ACCOMPANYING APPLICATION PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Application Cover Sheet w/Express Mail Certification</p>	
<p>18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: _____, filed _____.</p> <p>Prior application information: Examiner _____ Group Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
<p>19. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input checked="" type="checkbox"/> Correspondence Address below</p> <p>Name: Philip S. Johnson, Esq.</p> <p>Address: Johnson & Johnson, One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA</p>			
<p>20. TELEPHONE CONTACT: Verne E. Kreger, Jr.</p> <p>Please direct all telephone calls or faxes to: Telephone: (513) 337-3295 Fax: (513) 337-8489</p>			
<p>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</p>			
NAME	Verne E. Kreger, Jr.		
SIGNATURE			Reg. No. 35,231 Date: September 10, 2003

09/10/03



05909 U.S. PTO

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	September 9, 2003
	First Named Inventor	Chester O. Baxter, III
	Group Art Unit	Not Assigned
	Examiner Name	Not Assigned
	Attorney Docket Number	END 780 NP

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE
				\$ 750.00
TOTAL CLAIMS	34 - 20 =	14	x 18.00	\$ 252.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0 - =	N/A	X 280.00	
			TOTAL FEES	\$1002.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750END 780NP/VEK in the amount of \$1002.00.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END 780NP/VEK.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Verne E. Kreger, Jr.	Reg. No. 35,231
Signature	<i>Verne E. Kreger Jr.</i> Date: September 10, 2003	Deposit Account No. 10-0750